

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/555443

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		3					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
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11			/				61						
12			/				62						
13				/			63						
14				/			64						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	10	←	8	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	12		12				TOTAL CLAIMS						